



County of Rutherford

RUTHERFORD COUNTY CORRECTIONAL WORK CENTER

Bernard Salandy
Superintendent

To: All Volunteer Applicants

In this application packet you will find the following, Application, Volunteer Rules, Policy Statement, and Signature Sheet.

1. Please fill out application. (Having a legal record or taking medication will not disqualify you from serving, but we need to know this information)
2. Volunteer Rules; please read these carefully. These Rules are for your protection as well as the protection of the inmates.
3. Policy Statement; this is an overview of the requirements for volunteering in the Correctional Work Center. You must read and understand the policy and sign the signature sheet indicating your agreement with these policies.
4. Signature Sheet; A signed returned copy indicates you understand the policies and guidelines for programming/ministry in the jail and agree to minister in accordance with them.

If you have any questions please contact me at 615-898-6885

The application may be brought in person or mailed to the following:

Rutherford County Correctional Work Center
1720 S Church St.
Murfreesboro, TN. 37130

Thank you,
Christy Wall



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Rules for Volunteering in the Rutherford County **Correctional Work Center**

1. **DO NOT** argue with an inmate or attempt to make him accept your point of view. Discussion is fine, but arguing is not acceptable.
2. As a volunteer you are not permitted to give or take anything from an inmate. Everything must be cleared through the Program Coordinator. There are no exceptions; this includes letters, addresses, etc.
3. **DO NOT** take pocket knives, mints, gum, medicine, food, cameras, money, credit cards or cell phones in the jail with you.
4. **DO NOT** ask a person why they are or why they have been to jail.
5. **DO NOT** make promises that you can't or won't keep.
6. **DO NOT** give out your address or telephone number, use a post office box or your churches address for letter writing.
7. **DO NOT** take anything in or out of the jail without permission.
8. **DO NOT** be "preachy" or push people to make a decision for a Higher Power.
9. **DO NOT** criticize staff, an institution, other races, countries, religions or politics.
10. **DO** dress conservatively. Wear colored clothing so that you are easily distinguished from the inmates. See through material, shorts, tank tops, "message tops" and shirts without collars are not appropriate.
11. **DO** bring your current driver's license or other picture identification with you. Purses, wallets, all personal items are to be kept in the lockers in the front entrance of the facility.
12. All items and volunteers are subject to search by security personnel.
13. **DO** get permission before bringing any materials needed for the program.
14. **DO** be trustworthy when someone shares personal or confidential information with you.
15. **DO** stay with your group and be a good listener.
16. **No** physical contact with the inmates.
17. **Do** be trustworthy when someone shares personal/confidential information with you.
18. **Do** stay with your group.
19. **Do** be a good listener.



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20. **Do** be alert to con games and do not get "suckered in".
21. **Do** build self-esteem by finding ways to encourage and give hope.
22. **Do** be natural by being yourself.
23. **Do** make living faithfully practical. Let inmates know how your Higher Power is working in your daily life.
24. **Do** observe the posted speed limits and other posted rules.
25. **Do** be kind and courteous to all jail personnel.
26. Rutherford County Correctional Work Center will not bargain for release if taken hostage. Rutherford County Correctional Work Center will not be liable and/or responsible in the case of personal injuries incurred while at Rutherford County Correctional Work Center.
27. Be here on time, if you cannot make it, call and let us know.



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Church/Organization Name: _____ Phone: _____

Pastor/Leader's Name: _____ Phone: _____

Applicant Name: _____ Phone: _____

Organization Description:

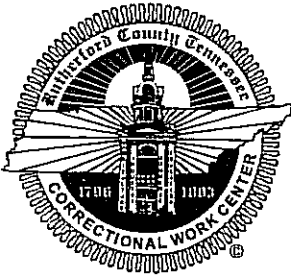
Define the level of knowledge, experience, and training that the group, organization or individual has in their activity.

Describe the goal of the activity.

A complete description of the criteria for the inmate to successfully complete of program Delineate the selection process for your attendees/students?

How many inmates can attend at one time?

How long do you or your group/organization intend to provide this activity, to include the frequency and duration of the sessions?



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How is your organization funded?

Please provide the following information for all persons involved with the delivery of the program. Persons delivering program material are subject to a **background investigation**. **Clergy Requirement:** Clergy of all recognized religious faiths, duly licensed and ordained by their denomination, shall be permitted to conduct services and otherwise provide counseling services after being approved by the Chaplain, Captain, and/or Superintendent. Prospective clergy shall submit a written application and licensing documents, prior to providing religious services.

Do you have any other information you wish us to consider?

(On a separate sheet, please give brief account of spiritual commitment/faith experience.)

Name	Date of Birth	SS#	DL#/State
<hr/>	<hr/>	<hr/>	<hr/>

Do you have any physical handicaps?___ Are you currently under a physicians care?___

Do you consume alcoholic beverages?___

Have you or are you now using drugs/medications for any reason?___

If you answered "yes" to any of the above questions please explain (use extra sheet if necessary).___

Emergency Contact:_____**Phone:**_____

_____ Name	_____ Signature	_____ Date
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Program Volunteer Agreement **Program:** _____

I hereby certify that all information contained in this application is correct. I give my permission for all references and employers specified in this application to be contacted. I give my permission for any law enforcement agency files pertaining to me, to be examined. I realize that any false information contained herein is grounds for this application to be rejected and or my privilege to serve as a volunteer to be subsequently terminated.

I affirm that I have read and understand the conditions for public access to the Rutherford County Correctional Work Center which emphasizes the inherently dangerous nature of the jail environment and notes that by signing this agreement, the undersigned explicitly:

1. Assumes the risk for any injury, which may occur in connection with the visit, including but not limited to the risk of being taken hostage while on the premises.
2. Holds harmless and forever discharges the Rutherford Correctional Work Center, it's agents, employees, servants, successors, and assignees, from any and all liability for injury or damage arising out of such visit.
3. Has read and agrees to abide by institution/facility rules for clergy/volunteer visitation.
4. Will comply with verbal instructions of the officer in charge.

Failure to comply with the above rules is cause for dismissal.

Signature: _____

Date: _____